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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Côte d'Ivoire
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5.6 million, of which $4.9 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1993
Executing agencies:	Government of Côte d'Ivoire United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Economy, Finance and Planning

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Côte d'Ivoire

Demographic facts

Population (000)		Average annual change (000)	
Total	11,980	Population increase	484
Males	6,100	Births	658
Females	5,880	Deaths	194
Sex ratio (/100 females)	103.7	Net migration	20
Urban	4,843	Annual population total (% growth)	3.68
Rural	7,137	Urban	5.18
Per cent urban	40.4	Rural	2.60
Population in year 2000 (000)	17,065	Crude birth rate (/1000)	49.9
Functional age groups (%)		Crude death rate (/1000)	14.7
Young child: 0-4	20.2	Net migration rate (/1000)	1.5
Child: 5-14	28.1	Total fertility rate (/woman)	7.41
Youth: 15-24	17.9	Contraceptive prevalence rate (% 15-44)	3
Elderly: 60+	4.3	Gross reproduction rate (/woman)	3.65
65+	2.6	Net reproduction rate (/woman)	2.80
Percentage of women aged 15-49	41.9	Infant mortality rate (/1000)	91
Median age (years)	15.9	Maternal mortality rate (/100,000)	1,800
Dependency ratios: total	103.5	Life expectancy at birth (years	
(/100) Aged 0-14	98.2	Males	50.2
Aged 65+	5.3	Females	52.9
Agricultural population density		Both sexes	51.5
(/hectare of arable land)	2.7	GNP per capita (U.S. dollars, 1990)	750
Population density (/sq. km.)	37		

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5.6 million, of which $4.9 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1993, to assist the Government of Côte d'Ivoire in achieving its population and development objectives. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The 1993-1996 proposed programme is based on: (a) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Côte d'Ivoire in May 1991; (b) new activities proposed by government officials; (c) extensive guidelines set up by the Ivorian economic stabilization and recovery programme, especially those related to the Human Resources Development Policy; and (d) consultations with representatives of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF) during the development of their new programmes. The proposed programme would also be guided by the UNFPA Strategy of Assistance for sub-Saharan Africa (DP/1987/37).

3. The programme's long-term objective is to assist the Government in achieving its goal of improving living standards and the well-being of the population by promoting equilibrium between supply and demand in such sectors as health, education and employment. More immediate objectives of the programme are to: (a) help the Ministry of Health and Social Protection to formulate a national maternal and child health and family planning (MCH/FP) programme and to assist the Ministry in providing family planning services; (b) enhance the technical capabilities of the Ministry of Economy, Finance and Planning for integrating population factors into the development programme and assist the Ministry, in coordination with other technical ministries, in determining the basic components of a population policy; and (c) to continue activities aimed at improving the standard of living of Ivorian women.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. According to the second national population census conducted in 1988, the total population of Côte d'Ivoire was estimated at 10.8 million, compared with 6.7 million in 1975, when the first population census was carried out.[1] The average annual growth rate between the two censuses was 3.8 per cent. At this rate, Côte d'Ivoire's population would double every 19 years and would exceed 20 million in the year 2005. In 1988, population density was estimated at 34 inhabitants per square kilometre. Aliens represented 28 per cent of the population; this large number was made up of migrants who had come to work in Côte d'Ivoire's

[1] United Nations projections for 1990 and 1990-1995 are provided on p. 2 of this report. For the sake of consistency, the demographic data presented in paragraph 5 are based on findings of the census.

successful economy and, more recently, of refugees, especially from the civil war in Liberia. The population is youthful: 46.8 per cent of the population is less than 15 years old. Fertility remains high: in 1988, the total fertility rate was 6.8 children per woman. Between the two censuses, the crude death rate fell from 17 to 13 per 1,000, and life expectancy at birth rose from 48.5 years to 55.5 years. However, the infant mortality rate, which was estimated at 103 per 1,000 live births in 1978, remained high, at approximately 100 per 1,000 live births in 1988. Although there is no accurate information on maternal mortality, a 1985 survey in Abidjan indicated a rate of 840 maternal deaths per 100,000 live births.

6. The health situation in Côte d'Ivoire is characterized not only by high infant, child and maternal mortality, but also by a disquieting epidemiological situation with respect to AIDS and sexually transmitted diseases (STDs), a precarious nutritional status, and poor accessibility to MCH/FP services, despite the Government's significant efforts to expand MCH services to rural areas. The country now has 13 maternity clinics in urban areas, 227 in rural hospitals and 35 in the 260 rural health centres. There are shortages of trained staff, drug supplies and equipment in these health facilities, which are underutilized, particularly those in rural areas. On average, 38 per cent of pregnant women never have a prenatal visit, and 60 per cent have only two visits. More than one third of all deliveries are unattended, even by a trained traditional birth attendant (TBA), and only 36 per cent of deliveries in rural areas occur in a maternity centre.

7. Because an official policy in favour of family planning was adopted only recently, in 1991, the coverage and accessibility of family planning services are extremely limited, with only 12 family planning service points. These are organized by a non-governmental organization (NGO), the Ivorian Association for Family Welfare (AIBEF), which is the national affiliate of the International Planned Parenthood Federation (IPPF), in its own clinics or in government institutions. Services are essentially available only in Abidjan and six other cities. Private practitioners also prescribe contraceptives, which have to be purchased in private pharmacies. Contraceptives are available in some 175 urban pharmacies and 70 small-town outlets. The limited supply of family planning services contrasts with the high demand: A 1986 survey indicated that 55 per cent of women of reproductive age wish to have no more children. All reversible contraceptive methods are authorized in Côte d'Ivoire; abortion and voluntary sterilization are illegal. Although accurate information is lacking, the 1990 contraceptive prevalence rate (CPR) was estimated at 3.4 per cent among women of reproductive age.

8. In the field of education, the Government has succeeded in lowering the illiteracy rate from 75 per cent in 1975 to 58 per cent in 1990. School enrolment rates rose steadily during the 1960s and 1970s, from 43 per cent in 1960 to 75 per cent in 1980. However, the economic crisis of the 1980s combined with the increase in the population of primary school-age children has resulted in a decline to 70 per cent in 1990. Moreover, classrooms at all levels are overcrowded, repetition and drop-out rates are increasing, and there are disparities in school attendance by region and by sex. In 1990, girls and young women made up 42 per cent of the enrolment at the primary level, 28 per cent at the secondary level and 19 per cent at the tertiary level. In the same year, the school attendance rate in the age group 7-12 was 56 per cent for girls and 96 per cent for boys. The drop-out rate was much higher for girls: fewer than 15 per cent reach senior high school.

9. The last population census indicated that, between 1975 and 1988, the economically active population dropped from 54 to 51 per cent. In 1991, unemployment was estimated at 13 per cent. A further deterioration of the situation will inevitably follow staff reductions in the public sector, because of the recently-adopted Structural Adjustment Programme, and in the private sector, because of the poor economic environment. Women's economic situation is of great concern. Ivorian women generally occupy low-income jobs; 71 per cent of the female labour force work in agriculture, 25 per cent in the non-formal sector and 4

per cent in the modern sector. In public administration, where women represent 30 per cent of all civil servants, only 13 per cent hold executive positions.

10. The country has faced considerable financial difficulties since 1980, when the prices of primary commodities (particularly cocoa) began to fall sharply. To address social problems caused by the economic crisis and the debt burden, the Government, assisted by the World Bank and the International Monetary Fund (IMF), formulated an economic stabilization programme for 1989-1990, a medium-term financial and economic programme for 1991-1995 and a major Human Resources Development Policy. The first official declaration on family planning was made in 1991 at a national seminar in which the Minister of Health and Social Protection underlined the importance of family planning for women's health and children's survival. The Government has since requested UNFPA's assistance in the development of a population policy. In addition, a central unit has been set up under direct ministerial authority to coordinate all family planning activities in the public and private sectors.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA's first assistance programme to Côte d'Ivoire (1985-1988) was approved in June 1985. The second programme (1990-1991), in the amount of $2.5 million, was approved in June 1990 as a two-year interim programme to synchronize UNDP and UNFPA programming cycles, as recommended by the Joint Consultative Group on Policy (JCGP). This programme was extended to 1992 at the Government's request. By the end of 1991, approximately $940,000 had been expended. An additional expenditure of $600,000 was foreseen for 1992, bringing the total expenditure to $1.54 million for the period 1990-1992.

Maternal and child health and family planning

12. The first activities supported by UNFPA began in 1984 with a series of seminars to sensitize medico-social staff about the importance of family planning for mothers and children. Between 1985 and 1988, four Ivorians were trained abroad in family planning techniques. In 1988, UNFPA involved three ministries and several executing agencies in a project entitled "Family Health and Promotion of Women". However, the complex institutional framework needed for this project precluded early implementation and led to several unsuccessful attempts at reformulation. In 1989, a multisectoral mission recommended a bridging programme (1990-1991) to sensitize the Government, opinion leaders and the public about the health benefits of family planning and to improve the health of mothers and children by supporting primary health care and Safe Motherhood. An amount of $300,000 was set aside to provide contraceptives to AIBEF and to renovate and equip certain rural maternities. A new MCH/FP project was initiated in 1991, by which time the new Government had begun to adopt positive policies in the population field. At the Minister of Health's request, a national seminar was organized on the health benefits of family planning for mothers and children, and a central MCH/FP unit was created under the Ministry.

13. All the components of UNFPA assistance have now been delivered: training, renovation of four maternities and procurement of equipment, supplies and transportation. Family planning services, not instituted earlier because of a major reorganization in the Ministry of Health as a result of structural adjustment, are now ready to be introduced.

Information, education and communication

14. Côte d'Ivoire has had long experience in using mass media, field workers and the educational system for information, education and communication (IEC) activities related to the development process. The technical ministries have structures responsible for IEC and social mobilization, such as the National Office for Rural Promotion (ONPR), the National Service of Public Health Education (SNES) and the Institute for Women's Training (IDEF). However, the IEC approach is still compartmentalized, with little grass-roots or community participation. A coherent multisectoral strategy to support MCH/FP and the STDs/AIDS programmes has yet to be developed.

15. Until the second half of the 1980s, IEC activities (usually seminars) related to family planning, population growth and the interrelationship between population and development were organized only sporadically. NGOs, such as AIBEF, and some ministerial departments involved in social and women's affairs pioneered limited IEC activities. UNFPA support was provided for the above activities as well as for the sensitization of journalists to population issues. More recently, UNFPA financed a sensitization campaign by the Ministry for Women's Promotion on the subject of women, population and the environment.

16. Population education in schools represents a major UNFPA contribution. A three-year family life education project was established in the Ministry of Education. With technical support from the United Nations Educational, Scientific and Cultural Organization (UNESCO), the implementation of family life education activities, which began in 1990, is progressing well. The project has added an AIDS prevention module through the IEC component of the Canadian assistance programme against AIDS in francophone Africa. Cooperation is planned with the United Nations regional programme against drug abuse.

Data collection and analysis

17. UNFPA provided assistance for both the first population census in 1975 and the second in March 1988. On the occasion of the second census, the Government issued a decree institutionalizing the organization of a census every 10 years. The initial results of the 1988 census were officially published in November 1991. Financial difficulties due to the dollar exchange-rate fluctuations and delays in disbursing a World Bank loan led to a one-year delay in the project's completion. A multinational migration and urbanization survey is currently being prepared. However, owing to budgetary constraints experienced during the last two years, UNFPA could not meet its commitments, amounting to $250,000 earmarked in the context of the provisional programme.

Population policy formulation

18. The first country programme did not include the formulation of a population policy. However, in 1991, an activity was approved to set up a Population Unit. Because of UNFPA's financial constraints and administrative restructuring in the Ministry of Economy, Finance and Planning, where the unit was to be located, this activity was not implemented. However, two members of the Ministry's managerial staff underwent training in population and development at the University of Louvain-la-Neuve (1990-1991) and at the Institut d'Etudes Politiques in Paris (1991), which should facilitate development of a policy.

Population dynamics

19. Since 1972, UNFPA has supported demographic training and research at the Ecole National Supérieure de Statistique et d'Economie Appliquée (ENSEA) through fellowships and a training and research project for students from francophone African countries. Both these projects were positively evaluated.

Women, population and development

20. During the second country programme, three studies were conducted in the area of women, population and development: women in employment and public life, a statistical and bibliographical study, and a study on the legal status of women in Côte d'Ivoire. A pilot survey jointly financed by UNICEF, UNDP and UNFPA was carried out. A UNFPA project in the Ministry for Women's Promotion financed other activities, such as the training of central and regional staff in management and IEC, and a sensitization campaign on women, population and environment. One staff member from the unit is currently enrolled in a long-term training programme in family planning IEC at the University of Montreal.

Other external assistance

21. UNICEF has provided assistance within the framework of immunization and nutrition programmes and has contributed to the women, population and development sector through funding of a joint survey with UNDP and UNFPA. In its 1992-1996 country programme, for a total amount of $7.5 million, it will continue to support the immunization programme, and its intervention will be expanded to cover primary health care and the implementation of the Bamako Initiative in selected areas. UNICEF and UNFPA have been exploring possibilities of funding complementary activities common to the mandates of both organizations.

22. The United States Agency for International Development (USAID) provides assistance through several NGOs, including the Ivorian Family Planning Association. Besides contributing to data collection, USAID provides support to family planning services and IEC. A health and family planning project, in the estimated amount of $19.9 million (1993-1997), will support family planning services, including contraceptive provision; AIDS prevention through IEC activities and condom distribution; and promotion of maternal health and child survival.

23. The Government of France has traditionally provided assistance in the health and education sectors, including the funding of a large-scale project aimed at assisting the Government in decentralizing its health care system and renovating premises. This project would also support other public health efforts, such as AIDS prevention and socio-medical research.

24. Other assistance to the health sector has been provided by the World Health Organization (WHO), which has funded medical research and AIDS prevention programmes; the World Food Programme (WFP), which has provided food to displaced populations and school canteens and which plans to assist the Government in settling young farmers; the European Community (EC), which has provided assistance through the strengthening of the national pharmacy and the provision of drugs in hospitals; and the Government of Canada, which is providing assistance for AIDS prevention through a five-year programme. Canada has also collaborated with UNFPA by funding sociocultural studies and teacher training.

25. The World Bank has been instrumental in encouraging a positive attitude towards population issues among policy makers in Côte d'Ivoire. The World Bank also helped finance the 1988 population census, the

continuous household survey and the multicountry migration study. It is planning to provide funding for the sector of women and development and for the social dimensions of the Structural Adjustment Programme.

26. UNDP's programme covers many sectors of the economy, including women and development. It has been co-funding studies in the women's sector with UNICEF and UNFPA and plans to introduce a women's component in all projects. UNDP has also contributed funding for the enumeration of Liberian refugees.

IV. PROPOSED PROGRAMME 1993-1996

27. The proposed programme, covering 1993-1996, is designed in accordance with the Government's policy to organize an efficient regional administration, decentralization to the regional level and coordination among technical ministries and among other external assistance agencies and organizations to optimize development assistance. This coordination would be ensured by the Ministry of Economy, Finance and Planning through the department hosting the Population Unit project.

28. The definition and implementation of a population policy are prerequisites for the World Bank-supported economic stabilization and recovery plan. Hence, UNFPA's proposed programme would give priority to three objectives essential to initiating such a policy: (a) to help the Ministry of Health and Social Protection formulate a national MCH/FP programme, in collaboration with UNICEF, WHO and USAID, and to assist the Ministry in organizing and providing family planning services; (b) to enhance technical capabilities in the Ministry of Economy, Finance and Planning for integrating population factors into the development programme and to assist the Ministry, in coordination with the other technical ministries, in establishing the basic components of a population policy; and (c) to continue activities aimed at improving women's standard of living, specifically through training, education, research and improvement of the facilities of the Ministry for Women's Promotion.

Maternal and child health and family planning

29. The programme's objectives include assisting the Government in its efforts to lower maternal mortality and improve the quality of MCH services, in general, and to develop family planning services, in particular. In 1990, an indirect estimate of the nationwide CPR based on contraceptive consumption was 3.4 per cent. It is believed that, in the catchment area where services are readily available, it would be possible to increase the percentage of women of reproductive age practising modern methods of family planning by some 2 per cent a year. This would raise the estimated CPR from 3.4 per cent to 11.4 per cent by 1996 in those areas.

30. The strategy would consist of reinforcing the newly created family planning technical unit at the ministerial level and assisting in the development of a national plan of action, which would include an efficient monitoring and evaluation system. Personnel of regional directorates of health would receive training in programme management, family planning and computer technology. A total of 20 rural maternities and clinics would be renovated, equipped and supplied after the nursing personnel have been trained in family planning techniques. During the first phase of the programme in 1993-1994, activities would take place in Aboisso Province in the south-east, where an MCH/FP project has just been initiated. The south-east is an underdeveloped border area with serious health problems. The same area is also part of the French Cooperation Agency's health project "Grand Abidjan". It is envisaged that in the second phase, 1995-1996, another region, probably in the south-west, would be selected for the same type of project activities. There has, as yet, been no external assistance involvement in the south-west, although this area has been identified for EC assistance. The regions were proposed by the Ministry of Health.

31. The MCH/FP service and IEC strategy would be adapted on the basis of findings from various surveys. USAID would fund a nationwide Demographic and Health Survey (DHS) at the beginning of its programme in 1993 and a follow-up DHS survey in 1996. Under the UNFPA MCH/FP project, and in collaboration with external assistance agencies and with ENSEA, maternal mortality surveys would be completed in urban areas and initiated in the rural areas of the south-west. The French Cooperation Agency project "Grand Abidjan" would fund various health and social studies as well as operational research.

32. A major effort would be made to develop intersectoral coordination among the ministries involved in UNFPA-supported activities, especially because of the expanded roles of certain ministries. The Ministry for Women's Promotion, for example, would play an important role in awareness creation and family planning motivation; it is even envisaged that Ministry staff in rural areas would assist in the community distribution of contraceptives. At the central level, the MCH/FP unit would have the essential task of coordinating activities with the USAID Health and Family Planning Project, the family planning component of which would support a contraceptive social marketing programme and NGO clinic services in family planning. Coordination would also be promoted with France, with the Belgian Cooperation project on STDs in the same area, and with the EC health programme in the south-west. Although the main geographical area of operation for UNICEF is in central Côte d'Ivoire, where the USAID project will be most active, cooperation of JCGP members would be organized for specific activities, such as water supply, sanitation and IEC with UNICEF, and school lunches and supplementary food at family planning clinics with WFP. In addition, community involvement with the activities of UNDP at the commune administrative level would be reinforced. UNFPA would provide a total amount of $2.4 million for the MCH/FP sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

33. The proposed IEC interventions would aim at: (a) promoting awareness and understanding of population and development issues among leaders in the Government and in business, religious, community and other influential groups; (b) enhancing the national capacity for coordinating, designing and implementing a national IEC strategy; (c) supporting, in liaison with service providers, increased demand for, and use of, family planning services; (d) collaborating with the United Nations system and bilateral agencies in support of research and other actions to improve communication practices, IEC messages and implementation of a national population communication strategy.

34. As family planning services are being initiated in the government sector and widely expanded in the private sector through AIBEF, supported by USAID, weaknesses in the IEC programme need to be overcome. This aim can be achieved by: (a) assisting in the establishment of a national population IEC coordinating unit within an appropriate national institution to carry out strategy development and message design and production; (b) supporting awareness-creation efforts through mass media and community groups, including radio talk shows, television features and theatre performances; and (c) collaborating in funding joint research on communication use, impact on the targeted public and the sociocultural orientation of message design.

35. Population education activities have been successful, and the Population Education Unit in the Ministry of Education has an enthusiastic and competent staff. The Minister of Education is highly supportive of the programme and its rapid expansion nationwide. Advances in curriculum development and training of trainers would permit the programme's expansion to secondary schools nationwide through the involvement of the 11 regional teacher training units. Steps would also be taken to initiate family life education in the

primary school system. UNFPA would provide $1 million for the IEC sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

36. The proposed programme would support the following data collection and analysis activities: (a) improving and refining knowledge about regional and national population trends so as to supply data for sectoral and regional planning; (b) improving understanding of population and development interrelationships to assist the formulation of a national population policy; and (c) promoting wide dissemination of data to decision makers and the public to create awareness and help them learn more about population issues. To these ends, the programme would support the following activities: (a) analysis of existing data as well as organization of surveys on specific issues, such as maternal mortality and morbidity rates, in conjunction with ENSEA; (b) the strengthening of selected regional departments of statistics as well as assisting the production of regional statistics and studies in support of the regional development policy; (c) implementation of preparatory activities for the third population census; and (d) support to the proposed survey on migration and urbanization. UNFPA would provide a total amount of $550,000 for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

37. UNFPA assistance for population policy formulation would support the Population Unit and the reformulation of its activities to conform to a new political and social environment and to follow the guidelines of the Human Resources Development Policy. The main objectives would be to assist the country in formulating a population policy within three years and in developing, by the end of the fourth year, management tools and action programmes to implement this policy. The strategy to reach these goals would be to: (a) enhance the Population Unit's skills in analysing and forecasting population phenomena; (b) carry out an assessment of population issues and formulate regional strategies leading to a synthesis for a population policy statement; and (c) carry out research studies, set up a socio-economic data bank and develop a realistic population policy. A special sensitization programme should be undertaken for social and professional groups participating in policy formulation. The Population Unit, working closely with technical ministries and the National Institute of Statistics (INS) on research and the creation of a data bank, should coordinate these studies. UNFPA would coordinate its assistance with that of the World Bank, which initiated the Human Resources Development Policy with the Government. UNFPA would provide a total amount of $500,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

38. UNFPA assistance to the ENSEA training and research programmes in population activities over the period 1993-1996 would be pursued according to new guidelines. The number of fellowships would be reduced, with no more than 10 students receiving grants every year. In addition, the UNFPA programme would henceforth limit eligibility for the fellowships to Ivorian students; non-Ivorian counterparts would be supported by UNFPA or other assistance programmes based in their countries of origin. ENSEA is strengthening its capacity to conduct research, studies and surveys in the population field, which would allow the institution to win subcontracts while gathering information necessary to guide national policies or provide data for regional planning. For example, a socio-demographic survey is planned in the south-west where the Government plans to develop family planning services; the study would be done in conjunction with the French Scientific Research Institute (ORSTOM). Locally, research activities would be conducted in collaboration with the INS,

the Ivorian Centre of Economic and Social Research (CIRES) and the Institut d'Ethnosociologie (IES). UNFPA would provide a total amount of $600,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

39. The proposed programme would support the national strategy of the Ministry for Women's Promotion through: (a) developing a national plan of action combining the inputs of all partners, ministries, NGOs and external assistance agencies in a coordinated, effective fashion; (b) developing, through the existing field infrastructure of the Institute for Women's Training (IDEF), a regional capacity to solve women's problems; and (c) supporting various national projects to improve literacy among women, and informing them about population, health and environmental problems, to improve their own and their families' well-being.

40. Reflecting UNFPA's concern with the decentralization of activities in two or three regions, the proposed programme would support the creation of a regional infrastructure based on existing IDEF centres. It would also support research to identify income-generating activities that would be more productive than traditional women's cooperatives. On the basis of existing sectoral policies and new directions indicated by research, the programme would support the development of an integrated national plan of action to promote women, population and development. The programme would support training in family planning, management, IEC, a planning and evaluation seminar and sensitization campaigns, research, technical support by the United Nations Fund for Women (UNIFEM) or consultants, and necessary basic equipment. UNFPA would provide a total amount of $350,000 for this sector.

Programme reserve

41. An amount of $200,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

42. The Ministry of Economy, Finance and Planning is responsible for the coordination of programme activities. In the long run, a national board for population activities would be established to take over this responsibility. It would oversee the coordination of activities undertaken by technical ministries and by NGOs, with which UNFPA is planning to work closely in the fields of MCH/FP and the environment.

43. With respect to external assistance, the proposed programme would be coordinated with activities of USAID, European Community, France, Canada and other bilateral aid agencies participating in MCH/FP, AIDS prevention, data collection and research activities. UNFPA would also work with United Nations agencies and organizations, including UNDP, which has the same programming cycle (1993-1996), UNICEF, WHO and WFP in the framework of the JCGP; the Food and Agriculture Organization of the United Nations (FAO); the International Labour Organisation (ILO); the United Nations High Commissioner for Refugees (UNHCR); and UNDCP for sensitization on drug-related issues within the framework of population education activities. Coordination would also be promoted with financing institutions, such as the World Bank and the African Development Bank, in the sectors of health, population policy and the environment.

Programme monitoring, evaluation and management

44. The follow-up and evaluation of the proposed programme would be planned in collaboration with national counterparts, in accordance with UNFPA procedures. Baseline surveys would be carried out, if possible, before activities begin so that progress can later be assessed. The technical follow-up would be carried out by national staff and relevant national bodies. Ad hoc technical missions would be undertaken by UNFPA regional advisers, staff of United Nations execution agencies and experts from other external institutions. In conformity with UNFPA procedures, an annual report on both financial matters and operational activities would be prepared on each component. Annual tripartite reviews would also be conducted. At the beginning of 1995, UNFPA and the Government would organize a mid-term programme review. A PRSD mission would take place in 1996 to evaluate the 1993-1996 activities and to prepare the next programme. UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, including the UNFPA Country Support Team located in Dakar, Senegal.

Financial summary

45. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5.6 million over the four-year period 1993-1996, of which $4.9 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,200,000	200,000	2,400,000
Information, education and communication	900,000	100,000	1,000,000
Data collection and analysis	350,000	200,000	550,000
Population policy formulation	400,000	100,000	500,000
Population dynamics	500,000	100,000	600,000
Women, population and development	350,000	--	350,000
Programme reserve	200,000	--	200,000
TOTAL	4,900,000	700,000	5,600,000

V. RECOMMENDATION

46. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Côte d'Ivoire in the amount of $5.6 million for the four-year period 1993-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $4.9 million from UNFPA's regular resources, over the period 1993-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $700,000 of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Côte d'Ivoire and with the executing agencies.